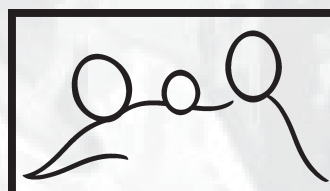


MODULE II:

Parallel Partnerships (The Jenkins- Magarity Family)



**STARTING
EARLY
STARTING
SMART**

*Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start*

A Narrative Overview of Module II

The trainer opens the session with an opportunity for participants to share reflections, insights, or questions that have arisen since the last session.

The last session's objectives are discussed as a review and reinforcement of what was learned. Then, this module's goal and objectives are previewed, as well as the concepts of mutual competence, parallel partnership, and observation and inquiry.

A guided reflection exercise sets the tone for the day's work by helping participants discover *how* people who have helped us most in a difficult moment provided that help.

Key session concepts are explored in observing the Jenkins-Magarity family videotape. The partnership between the mom and home visitor is the pivotal element of the tape. Small and full group discussions center on observations during two viewings of the videotape segment.

Four purposes for using videotape are presented as a segue into the hands-on laboratory portion of the session. During the video equipment laboratory, participants learn to operate the camera they will use in videotaping their families.

Handouts are provided that relate to the videotaping assignments, as well as a reading on the supervision role in this work (the topic of Module III).

Preparation note: Unless the trainers are very familiar and comfortable with the operation of the video equipment, it will be useful to engage a video camera technician to assist with the hands-on laboratory portion of the session.

Module Goal:

To develop participant insight and skill in using strength-based techniques, which promote nurturing relationships and partnerships.

Module Objectives:

By the end of this module, participants will be able to

- Observe and identify the characteristics (the look and feel) of home visitor and caregiver teams or home visitor and supervisor teams working in “parallel **partnership**.”
- Define “mutual competence” and describe how it affects the work of nurturing relationships.
- Use “observation and inquiry” techniques.
- Describe at least one strength-based technique for handling a “less than perfect” situation that may arise during a home visit.
- Use videotaping equipment to make “home movies.”

Module Outline

- I. Checking In and Overview page 4
- II. Think of a time page 4
- III. Viewing I—Mutual Competence and Parallel Partnerships page 5
- IV. Viewing II—Observation and Inquiry page 6
- V. Small Group Work page 7
- VI. Full Group Discussion page 8
- VII. Four Purposes for Using Videotape page 8
- VIII. Video Equipment hands-on Laboratory page 9
- IX. Homework Assignment (distributed during laboratory) page 9

Total estimated time: 3 to 3 ½ hours

Training Materials:

Video:

Ordinary Miracles, Tape 2, *Parallel Partnerships: The Jenkins-Magarity Family*

Slides/Overhead Transparencies:

- Slide II-1.** Module II Goal and Objectives
- Slide II-2.** Concepts in Module II (preview)
- Slide II-3.** Observation/Viewing Notes—Mutual Competence and Partnership
- Slide II-4.** Observation/Viewing Notes—Observation and Inquiry
- Slide II-5.** What We Focus On We Get More Of . . .
- Slide II-6.** Four Purposes for Using Videotape

Handouts:

- Handout II-1.** Module II Goal and Objectives, page 10
- Handout II-2.** Observation/Viewing Notes—Mutual Competence and Partnership, page 11
- Handout II-3.** Observation/Viewing Notes—Observation and Inquiry, page 12
- Handout II-4.** Notes on Observation and Inquiry, page 13
- Handout II-5.** Practice Scenarios, page 14
- Handout II-6.** Beginning Home-Movie Videotaping, page 15
- Handout II-7.** Ethical Issues on Seeking Informed Consent for Making Videotapes of Teenage Parents and Their Children, page 16
- Handout II-8.** Video-Techno Tips for Videotaping Families, page 17
- Handout II-9.** Homework Assignment, page 18

Video Transcript of Jenkins-Magarity Family Tape, page 25

Module II Expanded Trainer Notes, page 30

Equipment:

- Newsprint, easel, and markers
- Overhead projector for transparencies or laptop and projector for PowerPoint Slides
- VCR and monitor
- Props for role play of scenario (see section V)
- Video camera and monitor setup(s)

Module Procedure/Trainer Outline:

Reminders

I. Checking In and Overview

A. Welcome participants and conduct opening “icebreaker” or “warm-up” exercise.

This could double as reinforcement for the learnings from the previous session (see C below).

B. Ask for comments, questions, or other feedback on:

- 1) the first training session,
- 2) the readings, or
- 3) their observations of families or any related experience since the last meeting.

C. Review what was learned in Module I:

- 1) Use participant learning objectives to recap, and
- 2) Involve participants in dialog (or game) to ensure their understanding.

D. Overview the work for this module:

- 1) Project the Module II goal and objectives, and
- 2) Preview (very briefly) the specific activities that will help us achieve these objectives together.

II. Preparation for Work:

Think of a Time . . .

A. Facilitate reflection exercise:

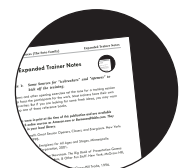
Note to Trainer: See Module II Expanded Trainer Note 1, page 30.



SLIDES I-3a–3b



SLIDES II-1a–1c



EXPANDED
TRAINER NOTE 1

B. Transition to the video work:

- 1) **Present terms or concepts** on these slides, which can help in the discussion of what we hear and see in the video today. (Project Slides II-2a and II-2b.)
- 2) **Discuss the terms** (mutual competence, parallel partnerships, and observation and inquiry), connecting the concepts with the participant's experience of the foregoing Reflection Exercise where possible.

Note: "Mutual competence," a concept that was introduced in Module I, is presented again to reinforce its importance for this work.

III. Viewing I—Mutual Competence and Parallel Partnerships

Note to Trainer: See Dr. Bernstein's notes on key points in the Jenkins-Magarity family tape, Module II Expanded Trainer Note 2, page 31.

A. Conduct the first viewing:

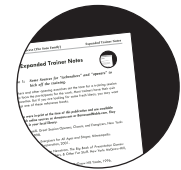
- 1) **Ask participants to use Handout II-2**
- 2) **Project Slide II-3**, the Observation/Viewing Notes.
- 3) **Explain** that we will watch the Jenkins-Magarity family tape twice.

The pivotal element of this story is partnership. During this initial viewing, please look for instances of "mutual competence" and moments when the relationships exemplify "partnership."

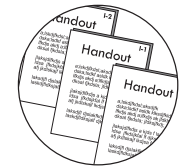
- 4) **Run the Jenkins-Magarity family sequence** from beginning to end (approximately 15 minutes).
- 5) Give participants a couple of minutes to **reflect and complete their notes**.



SLIDES II-2a - 2b



EXPANDED
TRAINER NOTE 2



HANDOUT
II-2



SLIDE II-3

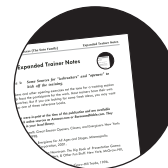


VIDEOTAPE 2

B. Process the viewing:

- 1) **Ask participants to share** the examples they noted.
- 2) **Dialog with them:**
 - What did you **see and hear** (verbal and nonverbal behaviors) that made it an example of **partnership**?
 - What exactly happened that makes you say that?
 - What is the difference between parallel process and parallel **partnership**?
 - Who were the experts?

Note to Trainer: See *Expanded Trainer Note 3*, page 32.



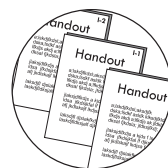
EXPANDED
TRAINER NOTE 3

IV. Viewing II—Observation and Inquiry

Note to Trainer: The second viewing of the video is for a different emphasis. This time ask participants to **look for examples** of the home visitor and the supervisor using “**observation and inquiry**” techniques. This viewing and the “processing” of observations helps prepare participants for the role playing scenarios, which follow in section V.

A. Use Handout II-3 for the second viewing:

- 1) **Set up the second viewing** by directing participant attention to the definition of “observation and inquiry” at the bottom of the handout.
- 2) **Rerun a portion or all** of the Jenkins-Magarity sequence, and again allow a couple of minutes for completion of notes.



HANDOUT II-3

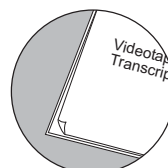
B. Process observations:

Note to trainer: You will likely find the transcript useful in recalling specific “observations and inquiries.”

- 1) **Entertain participant observations** for a few minutes. (“Observations and inquiry” will also be the focus of the small group work, which follows.)



VIDEOTAPE 2



TRANSCRIPT

- 2) **Draw participant attention to** an example of a strength-based technique, which Sally focused on in her closing remarks:

*What we focus on we get more of. Focusing slows the process down so that we can see those things that are working **well** and focus on them. Then they fill up the space. (Project Slide II-5)*



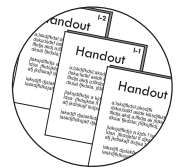
SLIDE II-5

V. Small Group Work: “Observation and Inquiry” Practice

A. Introduction to Practice Activity

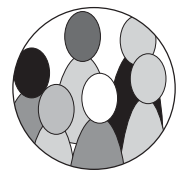
Discuss Handout II-4—Victor’s Bernstein’s notes on using observation and inquiry—as an introduction to the practice activity:

- Look closely at the techniques of asking open-ended questions and/or making strength-based statements that encourage the parent (or home visitor, if it is the supervisor who is using observation and inquiry) to reflect on the situation and/or share more information.
- The handout includes suggestions for handling less-than-perfect situations that may occur. However, the focus on concerns should not be over-emphasized.
- Remember, “What you focus on you get more of.”



HANDOUT II-4

B. Use Expanded Trainer Note 4 to conduct the “Observation and Inquiry” Practice Activity.



SMALL
WORK GROUP



EXPANDED
TRAINER NOTE 4

VI. Full Group Discussion

A. Reconvene full group:

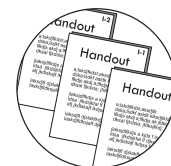
- 1) **Process the practice assignment** by asking questions such as:
 - How did the practice **feel** to you?
 - What did you **learn** that you can use in your work?
 - What did you find most **challenging**?
 - How important are your **listening skills** in this process?

B. Wrap-up:

- 1) Ask participants if they feel ready to try some of these techniques in their work during the next week?
- 2) Draw attention to Handout II-6, Dr. Bernstein's notes on home-movie videotaping.
- 3) Explain that the remaining session time will be devoted to some hands-on work with the camera equipment to get them ready to use both the equipment and the techniques as their homework before the next session.



EASEL &
NEWSPRINT



HANDOUT II-6

VII. Four Purposes for Using Videotape

A. Prepare for the hands-on portion of the session:

Project Slide II-6.

B. Brief Discussion:

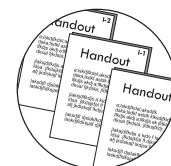
Discuss, briefly, how the four purposes can help them think about how they will present the idea to their families and how they will set up their first videotaping session.

C. Discuss Ethical Concerns:

- 1) Also distribute Handout II-7 regarding ethical concerns when videotaping teenage parents.



SLIDE II-6



HANDOUT II-7

- 2) Discuss your agency's position on this issue and any "informed consent" procedures they should follow.

VIII. Video Equipment Hands-on Laboratory

Note to trainer: It is likely that you will want the assistance of an audiovisual technician who can help with the hands-on use of the camera equipment. Participants can work in teams of 2 or 3, rotating as models. In addition, you will need to prepare instructions for how the participants are to arrange for videotaping equipment to use in their homework assignments.

A. Video-Techno Tips:

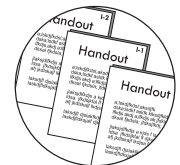
- 1) Introduce the audiovisual technician who will assist with the laboratory.
- 2) Discuss Handout II-8 and any additional "tips" that you or the technician have, which are pertinent for the particular camera equipment they will be using.

B. Hands-on Practice:

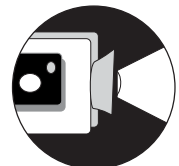
- 1) Rotate each participant through hands-on practice of setting up and using the camera.
- 2) If the training group is large, more than one camera-setup is needed. Alternatively, an additional separate lab time could be set up for some of the participants.

IX. Homework Assignment

Before the participants leave the laboratory, distribute Handout II-9, which includes instructions for videotaping and a reading for the Module III session.



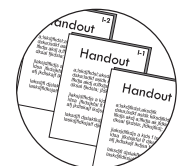
HANDOUT II-8



VIDEO CAMERA



HOMEWORK



HANDOUT II-9



STARTING
EARLY
STARTING
SMART

*Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start*

Module II Training Goal

To develop participant insight and skill in using strength-based techniques, which promote nurturing relationships and partnerships.



Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start

Module II Objectives

By the end of this module, participants will be able to:

- Observe and identify the characteristics (the look and feel) of home visitor and parent teams or home visitor and supervisor teams experiencing “mutual competence” and working in “**partnership.**”
- Define “mutual competence” and describe how it affects the work of nurturing relationships.

Module II Objectives (continued)

- Use the techniques of “observation and inquiry.”
- Describe at least one strength-based technique for handling a “less than perfect” situation that may arise during a home visit.
- Use videotaping equipment to make “home movies.”



Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start

Observation and Inquiry

Observation and Inquiry

The home visitor or supervisor provides feedback and support by asking about *specific observed behavior* rather than through expressed judgments (positive or negative) or advice-giving.

Observation and Inquiry (continued)

Examples:

- Tell me how you knew she would respond that way?
- What do you think would happen if. . . ?
- How did you feel when. . . ?

By focusing on specific behavior, the recipient discovers the answers within him or herself and expresses them in his or her own words. This reinforces the recipient's own belief that he or she can produce desired results and affect others in positive ways.

Mutual Competence

Mutual competence can be observed in any interchange in which two human beings feel secure, valued, successful, happy, or enjoy learning together.

Parallel Partnerships

Parallel partnership is an outcome of the mutual competence experience—it evolves from mutual competence. Parallel partnerships are an outgrowth of having trust and time together: “I do it with you, and you do it with me—now it’s really a partnership.”



STARTING
EARLY
STARTING
SMART

Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start

Observation/Viewing Notes—First Viewing

Look and listen for behaviors that show “mutual competence” and/or “partnership.”

Child & Mother

Mother & Home Visitor

Home Visitor
& Supervisor

Mutual competence is any interaction that enables both parties to feel secure, valued, successful, happy, or enjoy learning.

Partnership is an outgrowth of mutual competence; it includes having spent time together and having built trust.



STARTING
EARLY
STARTING
SMART

Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start

Observation/Viewing Notes—Second Viewing

Look for the use of “Observation and Inquiry”

Home Visitor

Supervisor

“Observation and Inquiry” takes place when the home visitor or supervisor asks a question in order to learn more or makes a comment to help the parent reflect on how he or she knew something, why they responded in a particular way, or even to help them think of other options they have. “Observation and Inquiry” is not advice-giving.



Healthy Minds, Healthy
Behaviors: Promising
Lives Right From the Start

Focus on What Works

*What we focus on we get more of.
Focusing slows the process down so that
we can see those things that are working
well and focus on them. Then they fill up
the space.*

—Sally Campbell

Four Purposes for Using Videotape

- Fun, joy, and delight
- Seeing together what is working and discussing it
- Exploring the parent's concerns
- Exploring your own concerns

Training Goals

Module II Goal:

To develop participant insight and skill in using strength-based techniques, which promote nurturing relationships and partnerships.

Module II Objectives:

At the end of this session, participants will be able to:

- Observe and identify the characteristics (the look and feel) of home visitor and parent teams or home visitor and supervisor teams experiencing “mutual competence” and working in “**partnership.**”
- Define “mutual competence” and describe how it affects the work of nurturing relationships.
- Use “observation and inquiry” techniques.
- Describe at least one strength-based technique for handling a “less than perfect” situation that may arise during a home visit.
- Use videotaping equipment to make “home movies.”

Observation/Viewing Notes: First Viewing

Look and listen for behaviors that demonstrate partnership.

Child & Mother

Mother & Home Visitor

Home Visitor & Supervisor

Mutual competence is any interaction that enables both parties to feel secure, valued, successful, happy, or enjoy learning.

Partnership is an outgrowth of mutual competence; it includes having spent time together and having built trust.

Observation/Viewing Notes: Second Viewing

Look for instances of “Observation and Inquiry.”

Home Visitor

Supervisor

“**Observation and Inquiry**” techniques are used when the home visitor or supervisor asks a question in order to learn more or to help the parent reflect on how they knew something, why they responded in a particular way, or even to help them think of other options they have. “Observation and Inquiry” techniques do not include advice-giving.

Notes on “Observation and Inquiry” Techniques

From handouts prepared by
Victor Bernstein, Ph.D.
University of Chicago

When something you observe concerns you, ask questions. Try to gain more information (rather than give advice).

Try to keep questions and comments focused on the child rather than on the parent.

Using Questions to Gain More Information

I noticed. . .

Do you usually . . . ?

Are there other ways that he/she . . . ?

Have you tried an other ways to . . . ?

Have you ever seen him/her do that before?

What happens when . . . ?

Have you ever tried?

Would you feel comfortable . . . ?

How does she let you know/tell you . . . ?

What do you think you'd do if . . . ?

Comments that Help to Gain More Information

Tell me what works best . . .

Tell me more about . . .

It looks as though that works well for you.

He/she seems happy when you . . .

Help me understand . . .

What a big boy!! Look how much he's learned!!

To Open a Discussion on a New Issue, keep the *focus on the child*, not the parent.

“Tell me what’s happening.”

“What other things have you tried before?”

“Tell me about what works. What does it look like?”

“How does your child respond when . . . ?”

“What happens when . . . ?”

“What does your child do when . . . ?”

“Would you like to try that?”

“Can we learn this together?”

When Reviewing a Videotape with a Parent

to help them become more aware of their child’s development . . .

“Did you see what he just did?”

“Does she do that often?”

“Is that something new?”

“How did that make you feel?”

Handling Difficult Situations in a Strength-based Way

How to bring up an issue when rules are broken (e.g., if spanking happens)

. . . “Can you tell me what just happened?”

Let the parent identify the strengths/what worked

“Things seem to be going better. Tell me what is going on.”

“What seems to work best?”

Pivoting back means in the midst of crisis, after listening respectfully and acknowledging the parent’s current problem/concern, you attempt to focus attention on how this affects their relationship with their child.

“How is (whatever the issue is) related to your child?”

“How does this (issue) affect/make you feel about your relationship with your child?”

Getting clear on a parent’s definition.

“What do you mean by . . . ? (e.g., he’s bad, she doesn’t like me)

Put WHAT into questions to help a person be more specific.

Practice Scenarios

Scenario #1. Home Visit to the Jones Family (Mother: Condi; Baby: Malek, 6 months; Home Visitor)

It is early morning, and Malek has just been fed. He is ready to play. You suggest that Mother Condi find a comfortable place to sit and play with Malek and a favorite, age-appropriate toy. Mother and Baby are situated and both seem to be enjoying the moment.

Scenario #2. Home Visit to the Sanchez Family (Mother Luisa; Daughter: Gabriella, 12 months; Home Visitor)

Gabriella has just had her first birthday. Mother Luisa is very proud of how well she is walking now. You have arrived just before lunchtime, and you suggest that this would be a good event for the home movie.

Scenario #3. Home Visit to the Lee Family (Father: Steve; Daughter: Robin, 18 months; Home Visitor)

It is a warm spring afternoon. Robin's mother has just left for work, and Father, Steve, is in charge. Robin has just gotten up from a nap and is a bit fussy. You ask Steve what he would like to do with Robin for making this movie, and he suggests going outside to play.

Beginning Home-Movie Videotaping

Before you begin

1. Practice with the camera with colleagues. Have fun, even be silly. It will help set the lighter tone for making the videotape. Recharge the batteries after each day's taping.
2. Review the consent form. Be prepared to explain the purpose of the video and how you will use it.
3. Make home movies of everyday activities—feeding, diapering, bathing, bedtime, etc.

Priorities for using the video with families (in order)

(Please do not move to the next level until either you feel comfortable or the family asks for help.)

1. Fun
2. To talk with parent about what she or he liked best and why, and to talk about what the child liked and why.
3. Explore a concern the parent expresses.
4. Explore one of your concerns. (Note, your issues are in last place.)

How to look at the tape

1. While watching the tape, make a mental note of when the parent smiles or laughs, i.e., has a strong reaction.
2. You can stop the tape **at the parent's cue** and ask, "What did you see there?" "What made you laugh?" Follow-up with "What makes you say that?" or "Tell me more about. . ."

When the tape is over ask,

1. "What did you think of the tape?"
2. If the parent has a negative reaction, ask,
"What was it that you didn't like (or what bothered you)?"
—then ask,
"What part did you like the best?" "How come?"
3. If the parent has a positive reaction, ask,
"What was it you liked about it?" "How come?"
4. If the parent's comment does not match how you saw the parent react when they were watching together, ask,
"I noticed you. . . [smile, laugh, grimace, etc. whatever the parent did that was a more intense reaction when watching]. What made you do that?"

Ethical Issues in Seeking Informed Consent for Making Videotapes of Teenage Parents and Their Children

Presenting Problem. Inherent in the consent-seeking process there are several factors which work against the teenager's consent being fully informed and freely given:

- Initial consent must be sought before making the videotape, but the teenager cannot know what she is actually consenting to before the session has occurred.
- Videotapes may be used for different purposes, e.g., parent support, staff training, research, or in a commercial production. A consent given for one purpose may not apply to others.
- Teenagers may want to please adults in authoritarian positions. They may provide consent to obtain approval from program staff.
- Teenagers may be at one point of personal development at the time they provide consent, however, with the passing of years they may change their minds about having their videotape seen by others.
- Some teenage parents are still minors themselves.
- Videotapes of teenage parents and their children can be most valuable as a training tool. There is the desire on the part of professional to obtain this material. This desire may result in the professional implicitly pressuring the parents to provide their consent.
- Some videotapes graphically demonstrate severe problems in parent-child interaction.
- The privacy of the teenager and her family may be at risk for being violated as they can be easily identified on videotape.

Each of these issues must be addressed by the consent-seeking process if consent for videotaping is to be truly informed and freely given.

Video-Techno Tips for Videotaping

Prepared by James Akers

Early Intervention Research Institute, PRO – Promoting Excellent Outcomes

6577 University Blvd., Logan, UT 84322-6577

(435) 797-1178 FAX: (435) 797-2019

1. Know your camera ahead of time:

- Double check settings, e.g., auto focus, auto—other things?—turn off “whistles and bells.”
- Get to know microphone sensitivity/capabilities.
- Check on tripod adjustments and movement of camcorder.

2. Use camcorder zoom, angle, and position:

- Frame mother and child’s faces as closely as you can.
- Try to get mother’s and child’s eyes—at least get a profile.
- Top of mother’s head to bottom of child’s body.
- Lower camera on tripod for floor-level action.
- Very Important: No backlighting by open window or door to outside!

3. Angle in to get best view of both faces and child’s body:

- When child is in mother’s arms, use the child “knee-to-nose” rule.
- When child is on floor, position camcorder at right angle to mother-child line.

4. If movement by mother and/or child is too great, do not worry about constant readjustment of camera angles and positions unless it appears there has been a permanent position change.

Homework Assignment

A. (Home Visitors) Before the next session:

- 1) Make a short videotape (up to 5 minutes) with one of your families with whom you already have an established good relationship. Alternatively, with one of your friends or a relative who has a young child and is willing to practice with you.
- 2) Mealtime or dressing may be good activities to videotape.
- 3) Tell the family that you will bring the tape with you to your next visit with them.
- 4) Bring your videotape to the next training session to share with the group.
- 5) Keep notes of what you would like to learn more about in talking with the family at your next visit.
- 6) ***Remember the 4 purposes in doing this work.*** We make these home movies for . . .
 - Fun, joy, and delight
 - Seeing, together, what is working and discussing it
 - Exploring the parent's concerns
 - Exploring your concerns

B. (Supervisors especially) Complete the attached reading assignment before the Module III training session.

STANDING FIRM AGAINST THE FORCES OF RISK: Supporting Home Visiting and Early Intervention Workers through Reflective Supervision

Victor Bernstein, Department of Psychiatry, University of Chicago, Trainer and Co-founder of The Ounce of Prevention Fund Developmental Training and Support Program (Illinois)

A central goal of early intervention is to support the development of a nurturing relationship between the child and the primary caregiver, one in which the child is made to feel special (Barnard, Morrisett & Spieker, 1993; Bromwich, 1997). It is considered best practice in providing services for high-risk families to identify and build on strengths (Weissbourd, 1990). Helpers¹, however, can become susceptible to the same “forces of risk” that affect the families with whom they work (Campbell, Earley & Gray, 1999) and, like the family, they begin to feel overwhelmed by the family’s problems. When helpers feel ineffective, programs become ineffective (Gomby, Culross & Behrman, 1999; Landy, 2002), and ineffective helping leads to burnout and staff turnover.

Even in difficult circumstances, many parents are able to protect their children from the forces of risk by keeping their children’s well being a priority. Similarly, programs can protect their staff by providing nurturing, reflective supervision that enables helpers to provide best practice in supporting the family and the parent-child relationship (Bernstein, Campell & Akers, 2001; Dumas, Laughlin, Smith & Prinz, 2001; Grant, Ernst & Streissguth, 1999). Reflective supervision provides an opportunity for staff to reflect on their own work in a safe, supportive environment. A professional, supervisory relationship encourages sharing in an atmosphere of warmth, acceptance, respect, understanding and trust, and it allows for experimentation and mistakes (Worthen & McNeill, 1996). The core belief behind reflective supervision is parallel process — nurturing begets nurturing. “Do unto others as you would have others do unto others” (Pawl & St. John, 1998).

While this might sound easy, it is very hard to do. Supervisors are susceptible to the same forces of risk as are home visitors and families. These forces take the focus off the parent-child relationship. When a stressed home visitor presents a problem in supervision, the supervisor’s natural instinct is to help and to solve the problem. The supervisor might jump in with suggestions or help the home visitor figure out what to do. In either case the problem becomes the priority and exploring what is working for the child and the parent gets left behind.

For the process of supervision to be effective, it must be

- Regular — the time must be protected from interruptions
- Reflective — provide a chance to think about what has been happening in the work with families

- Collaborative — communicate mutual trust that the home visitor and supervisor have a partnership and are working together for the benefit of the family (Fenichel, 1992)

Perhaps “supervision” is not the best word for this process because usually a supervisor is in a position of power over the home visitor. Supervision connotes vigilance, authority and control, and de-emphasizes reflection and nurturing. The nurturing, reflective aspect of supervision can be thought of as “to see from above” rather than being embroiled in the middle of what is happening and reacting moment-to-moment. Reflection offers a chance to see more clearly what may have been confusing at the time it actually happened. Supervision provides perspectives from different angles. During supervision, the home visitor can really see, i.e., realize (“real eyes”) what happened with a family that she might not have been able to see and understand on her own. Perhaps a better word to describe the whole supervisory process is “illumination.”

Like parenting, supervision is complex. Beyond nurturing, the supervisor also must attend to basic requirements of the program that keep it running. For example, do the home visitors have adequate training to carry out their jobs? Are the staff seeing their families and completing their paper work on schedule? Does the program have the supplies it needs? Basic requirements and nurturing responsibilities often conflict, but in effective programs, the commitment to reflective practice for nurturing staff is a priority equal in importance to that of meeting basic needs.

The following stages of the supervisory relationship help home visitors and supervisors understand how supervision works to support their work. These stages parallel those for developing nurturing professional helping relationships described in the previous article (page 2).

The Stages of the Supervisory Relationship: A mutual competence model for developing nurturing, caring, supervisory relationships

Stage I—Orientation: Defining expectations. This stage lays the foundation for both supervisor and home visitor to understand their roles. The home visitor’s job description and role need to be laid out and discussed during this stage: work schedule, benefits, basic job performance, etc. The supervisor

needs to clarify her administrative and nurturing roles for the home visitor. As the supervisor explains the goals of the program, she also shares her administrative expectations, e.g., to make weekly home visits, to arrive on time, to complete paperwork, etc. The home visitor learns what to expect when she meets with her supervisor in terms of whether a supervisory session will focus on administration or nurturing, i.e., task performance vs. reflection. The home visitor learns how to prepare for reflective supervision, i.e. to have a story of her work to share and to indicate what kind of support or information she would like from her supervisor. Supervisor and home visitor discuss the purpose of reflective supervision to provide support and strengthen the home visitor's work. It is an opportunity to reflect, to change, to learn, and to grow as a professional. Reflective supervision is an essential part of both the supervisor's and home visitor's job.

Sometimes the supervisor may become concerned about how the home visitor does her work. Stage I issues about job performance, e.g., the type of notes to be kept for each visit or how to write about other members of the family, should not be dealt with during "protected" reflective time. Instead, a separate, additional meeting can be set to make expectations clear and concerns may be noted in the form of a written summary. The home visitor's failure to perform as expected, as defined in Stage I, will likely lead to the conclusion that this is not the right job situation for the home visitor.

Stage II—Acceptance—even if we disagree. If a home visitor's behaviour is **unacceptable** as defined in Stage I, this will lead either to a plan of correction or termination. However, a particular home visitor belief, activity or practice may not be against program policies and has not been defined as violating a clear expectation for job performance during Stage I. Then the supervisor is obligated to **accept** the way the home visitor chooses to work with the family even when she may **disagree** with the approach. The supervisor may find the home visitor's actions **disagreeable**, e.g., adopting a mothering attitude toward the young mother, giving advice about discipline, or suggesting how the mother might talk to the baby's father. However, for **the nurturing supervisory relationship** to develop and move forward, the supervisor must be supportive of the home visitor's choices so the home visitor can feel accepted and not judged as doing poorly. If a home visitor feels that her supervisor is beginning to judge her, she may begin to withhold important information to avoid being criticized or corrected. Acceptance becomes the foundation of mutual trust and respect and allows the home visitor to be open to sharing and, ultimately, to learning.

To accept, however, does not mean to ignore or that the supervisor cannot disagree or impose what she thinks best. As will be seen in Stage III—Understanding, times of disagreement, handled properly, promote learning for both the supervisor and the home visitor. It is perfectly legitimate to have a discussion about what is disagreeable, but not to have a power struggle. The vignette later in this article provides a concrete example.

Stage III—Shared understanding. "No one listens until s/he feels heard." Listening is where most of the supervisor's time should be spent. It is critical for the supervisor to create an atmosphere in which the home visitor is eager to share her story

of the work with a family. The very process of sharing a story in detail brings new clarity to what the home visitor sees as happening with a family. One way of thinking about these interactions is to imagine that the supervisor is trying to get a "verbal video" of what occurs between the home visitor and the family. The following are some examples of the kinds of comments and questions that help the home visitor share her story and move the process along:

Interesting.

What do you think the family meant by ...?

I noticed that you said ... How did you figure that out?

It seemed to work when ...

You seemed to keep calm in that difficult situation. How were you able to manage that?

Let me see if I'm getting what you're saying. It seems to me that... (reframing).

What do you mean by ...?

What exactly did you say when ...?

How did you decide to ...?

How did that make you feel when ...?

Over and over, this process of helping home visitors tell their story of what happened has proven to help them reflect on their thoughts and actions and how this is working (or not) for the family. Insight and new understanding often leads the home visitor to consider what she wants to try next. Sometimes a home visitor's story brings up serious concerns for the supervisor. This happens most often during a crisis when there is a tendency to overreact. We call this "stress eye tis," meaning when we are under stress we can become "blinded" and cannot see what is actually happening, especially what might be working for the family. More often than not, the situation is not as bad as it seemed at first and rushing in to help solve a problem can have the unintended consequence of making matters worse.

How does support work to reduce stress? Telling and listening to the whole story can provide a calming influence for both parties. Just having a chance to talk and feel listened to helps a stressed person feel organized. A fuller picture helps the supervisor understand the family's coping strategies. The family survived in the past without our help, and most likely they will figure out how to manage without our rushing in to save them. This insight itself is reassuring. Recounting the details of the encounter often helps the supervisor see positive aspects of the visit that the home visitor may have been "blinded" to because of stress. Better informed, it is easier to understand the home visitor's point of view and to accept practices that may differ from the supervisor's perspective.

Because the supervisor avoids resolving the home visitor's or family's crisis, she communicates that she has confidence in the home visitor and family to figure out their own solution. This gives the home visitor confidence to trust the family to deal with their situation. When the supervisor provides support through listening and asking questions, the home visitor can maintain her nurturing role and feel less pressure to make things better. Less stressed, the home visitor becomes less defensive and more open to asking the supervisor for support, information, suggestions, and recommendations.

The supervisor has wisdom to offer the home visitor in the form of her own experiences, information, and expertise as a helper. The purpose of sharing wisdom, however, is not to suggest a course of action or to problem solve, (unless absolutely necessary as in an emergency.) Just as parents are the experts on their children, the home visitor is the expert on her families. The purpose of the supervisor's sharing is to lend her perspective and to reframe or reinterpret the same events from a different angle. Better informed and seeing more clearly, the home visitor, not the supervisor, should decide what happens next.

Stage IV—Agreement: The plan for the next visit or the work plan for the family. After the home visitor and supervisor have gone through the stages outlined above, they will be ready to agree on a plan of action. The home visitor's responsibility is to plan for the next visit, attempt to use the plan with the family, and be prepared to share what happened during the next supervision session. Even if the supervisor is skeptical, whatever the home visitor believes is the objective of the next visit and the methods she will try should form the basis for the plan. One strength of on-going, regular supervision sessions and building a nurturing supervisory relationship is that there are repeated opportunities for the supervisor to raise her concerns supportively (e.g., "I wonder if..." or "Have you thought about...? What might you like to try instead? How might I be helpful? Would you like some ideas about where to turn next?").

Stage V—Accountability: Follow-up —Keeping the home visitor and the work in mind. The supervisor's obligation is to provide stability to the home visitor by making sure there is continuity from one supervisory session to the next. The supervisor must make notes about the session (just as the home visitor does after the home visit) and review them just before the next session. Continuity comes from consistent "areas of inquiry." At some point in each session the supervisor must ask about priorities: 1) What happened with the plan you made during our last session? 2) What did you notice about the parent-child relationship and what did you do to support it? and 3) What seems to be working for the family? Table 1 provides some examples of questions & comments that support home visitors in focusing on strengthening the parent-child relationship.

The "Shape of the Supervisory Session"

Similar to the stages of the supervisory relationship, we have found that there is a general "shape" or series of steps to the supervision session itself.

Step #1. Ask how things are going in general and with a particular family. If there is distress and/or frustration one must take time to listen, to let the home visitor tell her own story. The listening decreases the home visitor's stress and helps the home visitor become ready to listen to what the supervisor has to say.

Step #2. Find out what actually happened (the "verbal video" described in Stage III — Understanding.) The supervisor listens carefully (or asks as in #3 below) for when things went a little better, things that the home visitor may not notice because of "stress eye tis" stemming from the family's problem or an incident during the visit.

Step #3. Inquire about when things seemed to work (a little) better. For example, "Was there ever a time when the parent or child smiled?" "Was there ever a time when the parent was a little calmer?" "Was there ever a time when she noticed her baby?" etc. Then ask, "What happened?" This is what is meant by identifying what is working i.e., strengths. Once identified, they will be used to build on and to plan (steps #4 and #5)

Step #4. The supervisor reflects on the story and shares her own perspective to help fit the puzzle pieces together based on the supervisor's expertise and experience. This means checking to ensure that she heard the story correctly, and then reframing the story. For example: "**normalizing**" by sharing similar experiences, "**appreciating**" by sharing what seemed to be working in the story that the home visitor may have missed due to "stress eye tis", or "**rotating**" the perspective by offering a different interpretation of the behaviour, e.g., "I wonder if she yells at her child because she really cares about how he is doing. Do you think that is possible?" It is important to hold off suggestions such as, "Have you ever tried...", or "What do you think of...?", etc. during this step and to be patient. The chance to think about what happens next comes under step #5.

Step #5. Ask the home visitor, "What does this make you think the next steps are?" If the home visitor seems stumped, it is supportive to brainstorm the next steps with the home visitor, applying the supervisor's wisdom by sharing her own experiences in similar situations without making recommendations. The next steps must be concrete so they can be reviewed in the subsequent supervisory session.

Step #6. Ask the home visitor to give feedback about today's supervision. Was it useful? What part? Was anything less helpful? What? How come?

1. Was the child there? If not, does this happen often?
2. What did the parent and child do together?
3. What did you enjoy most about the visit?
4. Tell me something positive that the child did. How did the parent react?
5. What great thing did the parent and child do?
6. How did explanation of program goals go?
7. How did they react to our focus on the parent-child relationship?
8. Did you follow-up as we agreed during our last meeting? What happened?
9. Who in the family are you working with?
10. What else made you feel good during the visit? Is there anything that you have a concern about or did anything make you feel uncomfortable? What do you think is the difference?
11. When did parent and child connect best? When were they having problems? What do you think is the difference? Do you think the parent has a sense of this? How can you help her see what you have observed — to see the difference?
12. When the supervisor feels that she is becoming too preoccupied with concerns or trapped by the families' problems (i.e., when staff is describing a difficult family situation)
 - a) When did you (home visitor) feel most effective?
 - b) When you felt yourself moving away from the relationship, were you able to shift the focus back to the parent-child relationship? How did you do this?

Table 1 — Examples of supervisor questions to support focus on the parent-child relationship

Step #7. During the next supervision (illumination) session follow up on what happened.

Vignette

During a supervision session, a staff member in an early intervention program told the following story. It concerned a family of three headed by Sylvia, the grandmother, her 18-year-old daughter, Jean, who has a substance abuse problem, and Jean's 18-month-old child, Mia, who is developmentally delayed, has mild cerebral palsy and a seizure disorder. The child is the recipient of early intervention services through the school district.

The home visitor, Monique, came into supervision very upset. Becky, the supervisor, asked what the matter was. Monique said she had just come from visiting the "family from hell," the one that had been on the Ricki Lake show, the one that had four different agencies in the community making home visits. She said the grandmother screamed the whole time, and the baby cried during most of the visit. The teen parent was not home during the visit. Monique was frustrated that she couldn't do any work with the child, and went on to say that most visits went that way. The grandmother dominated the sessions talking about herself and her frustration that Jean, Mia's mother, was missing. Monique was exasperated in part because she rarely had a chance to work with Mia due to the grandmother's apparent neediness. Becky said that the visit sounded really difficult and asked if Monique thought the grandmother has some sort of personal problem. Monique replied that some of the other agencies involved had been recommending mental health counselling for her, but that she had refused. (This discussion follows step #1.)

Becky asked Monique to describe just what happened on the visit. Monique said, "Sylvia sat with her back to us the whole time, screaming while she was watching TV". Becky asked, "Who else was there, i.e., who is the 'we'?" It turned out that the job training counsellor from the public assistance office and the public health nurse were present too during the early intervention session. Becky asked, "How come there were so many people?" Monique replied that there had been a multi-agency collaboration sponsored through the regional centre. The family had not been present. The group decided that it would be best to combine efforts in a single visit rather than for four agencies to make four different home visits. The group believed that it would be easier on the family not to have to deal with so many scheduled appointments. Becky commented that the personnel from the different programs really seemed concerned about trying to make things better for the family, but wondered to herself if their attempts at collaboration were backfiring. During this home visit, the job counsellor had been talking to Sylvia about the need for her to enter some sort of job training program in order to remain eligible for welfare.

At this point, two thoughts are running through Becky's mind and will frame what happens next in the supervision session. First, due to the stressful nature of the visit, she wondered if Monique was exaggerating that Sylvia was yelling all the time. She thought to herself, "When might Sylvia have been a little less upset? What was happening in the home at that time?" Second, Becky wondered whether Sylvia was so upset because

she felt that she was being told what she had to do, but no one was considering her situation of being saddled with the responsibility and difficulty of caring for a disabled toddler. Perhaps Sylvia was feeling overwhelmed by what she perceived as an additional demand being placed on her. Perhaps Sylvia was feeling that she could barely (or not even) manage the demands with which she was already confronted. (These thoughts reflect the supervisor's experience and she will use them to ask Monique several questions aimed at helping her think about the home visit from a different perspective, i.e., addressing steps #3 & 4.)

Becky asked, "Was there ever a time during the visit when Sylvia's yelling was less intense or when she was just talking?" Monique answered that there were two times. The first was when she was talking about herself and how tired she had been feeling. The second was when she was saying how Mia has a bad cold and had been getting her up throughout the night. She said she had taken her to the doctor twice in the last week. Becky said, "So when she talked about herself and Mia she was a little more reserved?" Monique said that was correct. Next Becky said, "Tell me about the conversation between Sylvia and the job counsellor." Monique said that because there was a looming problem with welfare eligibility, the counsellor and Monique had agreed ahead of time that the counsellor would take the lead on the visit. The counsellor began the conversation with, "You know that you are on the verge of losing your welfare benefits because you haven't found a job or entered a job training program. I have some ideas about what you could do." Monique said this is when Sylvia began yelling, turned away from them toward the TV and continued yelling.

At this point Becky was thinking about Stage III — Understanding and that the counselor had not first asked Sylvia what her thoughts were on her situation and what she might want help with. So Becky said, "So the counsellor shared her ideas before she asked Sylvia what she thought?" Monique confirmed that was correct. Then Becky asked, "What happened that led Sylvia to start calming down?" Monique said that the public health nurse asked how Mia had been doing, and that was then Sylvia started talking about how tired she was and how sick Mia had been. Becky said, "So when Sylvia talked about herself and how Mia was doing, she was calmer?" Monique concurred.

Moving to step #5, Becky said, "Do you have any ideas of what you might try during the next visit to try to improve things?" Monique said that she thought she would try to go on her own next time to keep the focus on Mia. Monique said that she would start the visit by chatting with Sylvia about how things were going and asking her what, if anything, new she had seen Mia doing. Then she said she would ask Sylvia to tell her how she thought that Mia learned to do that new skill. She said she hoped that these strategies would help to engage Sylvia and help Sylvia see the important role she was playing in Mia's life. Becky commented that seemed like a reasonable plan. Moving to step #6, Becky said, "Tell me about our meeting today. Was it useful? If so, how come?" Monique replied that she had felt lost when she came into the meeting. She had no idea how to work with the family. Now she did. This was because their talk had helped her see the kinds of things that seemed to work better for Sylvia that she could not see before. As for what was not as useful, Monique

said that she would let Becky know during their next supervision session after she made the home visit.

Becky went out of town on vacation so their supervision was delayed, but Monique was excited about her visit; she wrote Becky the following e-mail (step #7):

"An update on the Sylvia and Mia: I did a home visit today and it was only grandma and baby and me. Grandma started out telling me how depressed she was and I let her vent a bit then brought it back to the baby (she let me do it). I stayed mindful of the process and the visit seemed to go well (the best one we ever had). Since we had some success, I feel this is a gold mine of positives from which to move more fully into the process with this family. Grandma agreed that we had had a great session with baby, so I want to explore why she thought that/what did each one of us do to make that happen...I think this will be a good way to go back to Stage I (which I neglected to do in the beginning) and let grandma help define some of the parameters. I'll keep you posted. The "goddess" gave me a gift with this family and with you. I am truly grateful that after all these years working with families, there is still room to grow and exciting new ideas to try. Be well, enjoy vacation, and I'll keep in touch. Fondly, Monique"

Videotapes—An Observational Tool for Home Visitors and Supervisors

Just as the lens of Mutual Competence (Goldberg, 1977) is used to identify positive parent-child interactions, it is used to observe the home visitor-family relationship and the home visitor-supervisor relationship. The above vignette can be used to consider the type of comments and questions that worked best, those that did not work as well, and to think about what to say during the next home visit or supervisory session to help the home visitor and supervisor transform reflection into practice.

Videotapes can be used with families to help parents become more aware of their important interactions with their children (Bernstein, 1997). Similarly videotapes of home visitors working with the families can illuminate home visitor interactions with families. Videotapes of supervisory sessions too can be helpful, particularly when the supervisor and home visitor together view the home visitor reviewing a video with the family. These videos help to see what kind of comment engages the parent and leads to the parent's sharing of thoughts about what they are observing, what they like and what concerns them. Similarly, videos make it easier to notice changes in the parent's facial expression or body posture that may indicate discomfort that might be worth following up on during a subsequent visit.

Videotaping one's own work and sharing it can only be used effectively when there is trust between the home visitor and supervisor. In addition, there needs to be informed consent. All parties must agree in writing on an agency-approved consent form if a videotape is to be shown outside the course of regular work activities to individuals (even co-workers) other than the supervisor. As with home movies, these videotapes should be

fun and informative. If the videotapes are experienced as otherwise, they should be stopped, the issues discussed and videotapes re-examined as a tool.

The following principles underlying the Mutual Competence model of supervision parallel those of effective home visiting to support families:

1. To be effective, the supervisor must develop a positive relationship with the home visitor.
2. All home visitors (and supervisors) want what is best for the family.
3. Home visitors are the experts on their families, not the supervisor.
4. The most important thing in supervision is to find whatever works best.

Conclusion

The mutual competence model for nurturing helping relationships provides the home visitor and supervisor with a frame of reference and concrete suggestions for building positive relationships between home visitors and supervisors. These ideas on supervision will not work for all home visitors and supervisors. What counts is observing and understanding when the relationship works the best for both.

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Transcript of Jenkins-Magarity Family Tape:

The Characters:

MOTHER: Carol

BABY: Trinity

HOME VISITOR: Edie

SUPERVISOR: Gretchen

I. Full screen of Mother and Baby playing on the floor with various small boxes

Full screen of Edie and Mom [Baby in arms][inset of Mom and Baby]

EDIE: What do you think she wants when she does that?

MOM: She's 'spasing' like, "I can't do it Mom, please help me."

EDIE: Do you think she's frustrated?

MOM: I think she gets frustrated when she wants something—like when she hands it to me. [to Baby Trinity] I got you attention little girl.

EDIE: How did you know that would work?

MOM: You taught me very well . . . [laughs and gives Edie a friendly nudge] I'm learning something.

II. Full screen of Supervisor (Gretchen) and Edie [with inset]

GRETCHEN: OK, so what is she talking about there? How does she say that? She does the very thing you were talking about...

EDIE: Oh yeah; we'll talk about something and usually 2 or 3 days later she starts doing it.

GRETCHEN: Paying attention to all these things; she's aware of when it's something you've already discussed.

III. Full screen of Edie and Mom [with inset]

EDIE: She looks so pleased with herself. ... [later] What did you think she would do with the feather?

MOTHER: She's always really liked the feel of it. There's always little feathers on the beach from sea gulls and stuff, and she'll crawl her little butt off to catch a feather.

EDIE: [in reference to Mother's onscreen reinforcement] That's good the way you repeated it for her. It does sound like that's what she was trying to say. See there, she started doing it to her face—the way you were doing it to her. Does she imitate you a lot?

MOM: Oh my god, when you said that she did do that . . . it just blows my mind. It could be anything, you know, no matter what we're doing, if I just say something, all of a sudden she'll just say something.

[exclaiming about Baby's success in getting feathers out of the box]

EDIE: How can you tell when she's finished with it?

MOM: Well, normally you can tell from her different movements.

EDIE: Have you ever seen her put the ball back in the box like that?

MOM: No, just that round thing. Remember, because you told me like when she was doing the stars . . . you brought something and she hasn't done it ever since you gave it to her when you had that coffee can and you put the blocks down in there and then you said, "Have you ever seen her do that?" And I said "No." She can take everything out of there, but she would never put it back.

EDIE: [...Mother is distracted by Child] . . . [Commenting on something the Mother did to get the Baby's attention in the video] That was a good idea!

MOM: Just trying to keep her attention sometimes. I do what *she* wants to do. Then when I turn it around to show her something . . . I got her those alphabet letters you know, and I'm trying to do something, and it's harder trying to get her focused on something I'm trying to show her. So playtime with the two of us, as long as I'm doing something *she* wants to do, it's no problem.

EDIE: It sounds like it works better for you to kind of go with her lead.

MOM: Right, but she will sit down, and like if I open up a book or something like that, she'll take it then and look at the pictures. But what's funny is that instead of looking at the book is that she'll turn around and look at me reading.

EDIE: Because she's watching your expression and your mouth?

MOTHER: Yeah!

EDIE: That's good.

MOM: So if it's something that's interesting to her, she'll stick with it.

IV. Full screen of Edie and Gretchen (inset of Edie and Mom watching tape)

GRETCHEN: You have a really good rhythm with her. It seems like all the questions you're asking, she easily opens up with all kinds of things she's observed and tried.

[watching the "feather" section of tape . . . Mother makes comment about Trinity getting bored and looks over to Edie...]

EDIE: She's throwing it back to me now.

GRETCHEN: Why do you think she's doing that?

EDIE: Probably because I do it.

GRETCHEN: OK, you've modeled that.

V. Full screen of Edie and Mother

MOTHER: ...but as far as me following through and actually doing something, sometimes I won't do anything just to see what she will do.

EDIE: And what does she do?

MOTHER: She throws her little temper tantrum, and nobody believes me that she throws it. I'm like, yeah, she has a personality of her own.

EDIE: So it's good that you realize that.

VI. Full screen of Sally and Victor

SALLY: That's a real partnership going on here. They're just working together aren't they?

VICTOR: This is, I think, a wonderful example that you don't have to do it the same way. Because this discussion is so rich and the Mother has learned so much about her daughter and is thinking so much about how she's helping her.

We've talked about stopping the tape when the parent shows delight...even when the tape is running and they are sometimes distracted, they're really talking about what's going on and understanding through that talk—it's just proof that it doesn't have to be the same way. Because here they are connecting; they're not missing each other. It feels good.

VII. Full screen of Gretchen and Edie

EDIE: Here, I want to show you this one thing. I want to know what you think about it.

GRETCHEN: Sure [as she rewinds the tape]

EDIE: There's been some concern about her [Baby Trinity's] low muscle tone, and she didn't like touching different things. I talked with the child development specialist one time, and she watched the videotape. She talked about the way she waves her arms, and she was telling me that was one way babies check where they are in space or within their environment. So, I'm curious to see what you think. She's older now and whether or not you would expect it to still be that way.

EDIE: [watching tape] Sometimes, she does it and it's real subtle.

GRETCHEN: Like excitement too sometimes.

EDIE: Right, it's hard to tell sometimes.

GRETCHEN: Yeah. So, the concern about the waving of the arms is something to bring up when you have the evaluation. There are experts at the evaluation session. I haven't seen anything clearly myself, but again that's not my expertise. It is something you noticed and that you're conscious of.

VIII. Full screen of Victor and Sally

SALLY: You asked me a minute ago about the tape when you see something that concerns you. Because sometimes we will be taping a less than ideal interaction, or it's easy to look at the tape and see something that you think, oh I should teach somebody something about that.

VICTOR: I have to make it better; I have to change it.

SALLY: Right; or I'm an expert Home Visitor, and it's really my job to teach best parenting practice and I need to go in and change this. That really in many ways works against helping parents to do what works best.

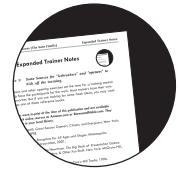
A couple of things:

First of all, when we watch Parents doing things that make the Baby feel good and the Parents feel good, it gives us the opportunity to slow the process down and say, "Wow! Look at that! The Baby really seems to like that when you do something."

What we focus on we get more of and it slows the process down so that we can see those things that are working well and focus on them; then they fill up the space.

That's one idea. Another is, when we see something that concerns us, the first thing we do—if the Baby is safe and going to be well—is to *not do anything*. Wait and ask for more information. On one of these tapes, we've seen one of our Home Visitors do that—"Hmm, should I tell her it's important for the Baby to mouth it, or should I find out what the Mom thinks about this," . . . and out comes all this information.

MODULE II: Expanded Trainer Notes



Trainer Note 1: Reflection Exercise

Notes for facilitating the exercise:

- 1) This exercise is to **set the tone** and focus the way we will work together today. We'll be discovering new ways of thinking about and nurturing our families.
- 2) **Please close your eyes:**
 - a) Think about a very difficult time in your life and someone who was there for you. It can be a friend, spouse, minister, counselor, teacher, healthcare provider—it doesn't matter—just someone you were able to count on in your time of great need.
 - b) Remember this person and one time you spent together—a walk, a visit, a dinner, a counseling session, but remember a specific time.
 - c) Now spend the next couple of minutes remembering that one visit you had together.
- 3) (After 2 minutes) Ask for a volunteer to record what people say on the newsprint.
- 4) Then ask, "What did this person do that made a difference?"
- 5) After all participants have had an opportunity to comment, say: "Please notice that no one said, 'someone who told me what to do.'"
- 6) Then take it further by using some of the participants' examples (e.g., she *listened* to me).
- 7) Ask/explain the importance of getting to the actual behavior:
 - a) By saying it out loud, we give the experience greater clarity.
 - b) We gain a better understanding of what actually makes the difference.
 - c) Mentally we organize our techniques or new ideas by listening to what other participants say.
- 8) Then ask, "What question do you think I'm going to ask next?"

- 9) Someone is likely to offer this response, but if not:

“What exactly did this person do that let you know he or she was *listening?*”

Trainer Note 2: Victor Bernstein’s Notes on the Jenkins-Magarity Family Tape

Regarding Edie’s remark at the beginning [“What do you think she wants when she does that?”], I think this is an early-on example of Trinity’s arm flapping, which concerns Edie. It is a great question from Edie: Edie sees the Mom as the expert and does not impose her assumptions.

“How did you know that would work?” Again, the Mom is the expert. But the Mom gave credit to Edie (they are both experts, working as partners).

Then, notice Gretchen ask about an incident of positive feedback from Mom to Edie: Gretchen is focusing on what is working. Note the Mom’s affectionate touch toward Edie. What warmth, friendship, equals.

Edie: “What did you think she would do?” (Mom is the expert.)

Edie points out Trinity’s imitation of her Mother (when Trinity is rubbing the feather on her face). Edie shares her observation, then inquires: “Does she imitate you a lot?”

The Mom is all excited (This is an example of generativity, a concept that is formally introduced in Module IV.). The Mom shared so much knowledge of her child and her interests. Again, the Mom is the expert.

Edie: “How can you tell when she’s finished?” The Mom is the expert, but Edie is also. This is an important cue. Edie rephrases what she observes and introduces her own expertise with, “It sounds like she does better when you follow her lead.”

(Later)

Gretchen: “Why do you think the Mom did that?”

Edie: “Because I showed her.”

Gretchen: “You modeled.” Gretchen, sharing her observation and using inquiry (Gretchen’s expertise), used the conceptual word “modeled,” which was exactly like Edie using the phrase/concept “follow her lead.”

The way Edie turns to Gretchen with her concern is so important: Gretchen listens, and that act says to Edie that her (Edie’s) concern warrants follow-up. It fits right in with the Mother’s motor concern.

A note regarding how to handle concerns: Sally suggests dealing with concerns by acknowledging them and turning to when things are working better.

Trainer Note 3: First Viewing

Background for facilitating the dialog:

The key point of this video segment is the partnership between the Mom and Edie. They are working together for the benefit of the child. Mom clearly sees Edie as an important information resource about child development. Edie clearly sees Mom as the expert on her own child. Edie knows about kids in general, but Mom knows about her child in particular. This is what makes the partnership work. The problem with the old-fashioned expert is that knowledge in general seems to give the expert the right to impose in particular.

The point—that each party is an expert in her own right and each has something important to contribute—needs to be made strongly in this module. The partnership develops and works, because each party has something important to offer the mother and the child.

Of course, what is happening between Mom and Edie is exactly what is happening between Gretchen and Edie. Gretchen may have more knowledge and expertise about developmentally impaired children's behavior, but since Edie has a concern (about the odd arm movements that Gretchen feels are more reflective of the child's trying to manage excitement and stimulation rather than a problem), it is worth following up on. Notice, it appears this child is going to get a motor evaluation for delayed walking, and this question can be part of that evaluation.

Trainer Note 4: Notes for “Observation and Inquiry” Activities

The practice activity can take place as role plays in separate small groups (perhaps with the supervisors and home visitors in separate small groups) or as a “fishbowl” activity, which would keep all participants together in the same room.

The “fishbowl” approach may be most appropriate if the training group is comprised of 6 to 8 participants. The full group is comprised of teams of 3-4 participants. Teams are given a few minutes to discuss and play their approach to the assigned scenario. The teams rotate their performance of the assigned role play scenarios, while those in the other teams form an outer circle of observers. The role plays are processed after each scenario's presentation.

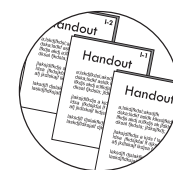
Alternatively, if the group is larger than 10 participants, separate small group role playing will give greater opportunity for each person to participate.

The role play approach divides the large group into teams of 5 or 6 participants each. If appropriate, home visitors and supervisors could be divided into separate groups. Processing of the activity takes place when the small groups reconvene as a full group.

With either the fishbowl or role play approach, some “props” are helpful. Perhaps a doll, a toy, a dish and feeding spoon or the like.

A. Explain practice assignment (Role Play Scenarios):

- 1) The objective of the role play is to practice “observation and inquiry.”
- 2) Participants will use **Handout II-5 (Practice Scenarios)** and take turns, working as teams, to role-play the short scenarios, using open-ended questions such as those on **Handout II-4** to get more information.
- 3) Explain that they will have approximately 15-20 minutes for the activity.
- 4) Trainers should circulate during the practice activity to ensure that the practice is on-track and that all participants have an opportunity to participate.
- 5) Give a 5-minute time check before the end of the activity.

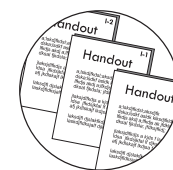


HANDOUTS
II-4 & II-5

[alternate approach]

B. Explain practice assignment (Fishbowl Scenarios):

- 1) The objective of the exercise is to practice “observation and inquiry.”
- 2) Each participant is assigned to a team.
- 3) Each team is assigned a particular scenario from **Handout II-5 (Practice Scenarios)**, and team members choose roles and discuss how they will play their parts and use the props. The persons in the home visitor and supervisor roles are welcome to use open-ended questions from the **Observation and Inquiry Handout (II-4)** or to use their own original inquiries. Preparation time is approximately 10 minutes.
- 4) The chairs are arranged in a circle or semicircle, with a space for the players in the center.
- 5) The first team presents its scenario, while participants observe as they did with the video. The trainer facilitates a discussion following each scenario (5-8 minutes).
- 6) Teams rotate until each has had a turn.



HANDOUTS
II-4 & II-5